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**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2006**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).

Docket Number (Optional)

WP22681US

Application Number 10/669,831

Filed September 24, 2003

For **PROTEASE INHIBITOR CONJUGATES AND ANTIBODIES USEFUL IN
IMMUNOASSAY**

Art Unit 1641

Examiner Mary Ceperley

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month [37 CFR 1.17(a)(1)]	\$120	\$60	\$ <u>120.00</u>
<input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]	\$450	\$225	\$ _____
<input type="checkbox"/> Three months [37 CFR 1.17(a)(3)]	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2958. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form.
Provide credit card information and authorization on PTO-2038.

03/13/2006 AKELECH1 00000058 022958 10669831

I am the ☐ Applicant/inventor.

01 FC:1251 120.00 DA

☐ Assignee of record of the entire interest. See 37 CFR 3.171.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number: 30,444

☐ Attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a): _____

Marilyn L. Amick
Signature

March 9, 2006
Date

Marilyn L. Amick
Typed or Printed Name

317-521-7561
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ *Total of _____ forms are submitted.

03-10-06

IPW



Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/669,831
		Filing Date	September 24, 2003
		First Named Inventor	Gerald SIGLER
		Art Unit	1641
		Examiner Name	Mary Celerley
Total Number of Pages in this Submission	11	Attorney Docket Number	WP22681US

ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached Credit Card Payment Form
<input checked="" type="checkbox"/> Amendment Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request (1 month)
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Documents
<input type="checkbox"/> Response to Missing Parts/Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Other Enclosure(s) (please identify below): |
|---|--|--|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Roche Diagnostics Operations, Inc.	
Signature	<i>Marilyn L. Amick</i>	
Printed Name	Marilyn L. Amick	
Date	March 9, 2006	Reg. No. 30,444

- ☐ I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as **first class mail** in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.
- ☒ I hereby certify that this correspondence is being deposited with the United States Postal Service as "**Express Mail Post Office to Addressee**" in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mailing Label No. EV696951222US, on the date indicated below.
- ☐ I hereby certify that this correspondence is being **facsimile transmitted** to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on the date indicated below.

Michele Wilson

Typed/printed name of person signing this certificate

Signature

March 9, 2006

Date